

**HERTFORD COUNTY**  
**BUILDING INSPECTIONS DEPARTMENT**

PO BOX 424 WINTON, NC 27986  
(252) 358-7814 or (252) 358-7813  
FAX (252) 358-1241

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**CONTRACTOR VERIFICATION FORM**

THIS FORM IS TO BE USED BY CONTRACTORS DOING INSTALLATION WORK UNDER A MASTER BUILDING PERMIT

DATE \_\_\_\_\_

PERMIT# \_\_\_\_\_

OWNER'S NAME (AS SHOWN ON PERMIT) \_\_\_\_\_

ADDRESS \_\_\_\_\_

DIRECTIONS TO PROPERTY \_\_\_\_\_

PLEASE VERIFY WHICH INSTALLATION YOU ARE RESPONSIBLE FOR:

	CONTRACTOR NAME AS LICENSED WITH STATE OF NORTH CAROLINA	STATE LICENSE NUMBER	AUTHORIZED SIGNATURE
<b>GENERAL CONTRACTOR PHONE #</b>	_____ _____	_____	_____
<b>MECHANICAL CONTRACTOR PHONE #</b>	_____ _____	_____	_____
<b>ELECTRICAL CONTRACTOR PHONE #</b>	_____ _____	_____	_____
<b>PLUMBING CONTRACTOR PHONE #</b>	_____ _____	_____	_____
<b>SETUP CONTRACTOR PHONE#</b>	_____ _____	_____	_____

WITNESS my hand and the official seal of \_\_\_\_\_, this the \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

